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T. T			U.S. D Office Regio	of the Unn 2	t of Justice ited States Trustee trict of NWYAL
IN RE:	Salander-O'Reilly Galleries LLC	} } }	CHAPT CASE N		07-30005 (CGM)
	DEBTOR.	}			
Guidelir	es now the above-named debtor and files its I nes established by the United States Trustee a lance with 28 U.S.C. Section 1746, I declare under it is true and correct to the best of my knowledge	Post-Confirmation and FRBP 2015.	n Monthly C	Operating I	information contained in this
Signed::	Alan M. Jacobs Print Name		Date:	February	7, 2017
	Liquidating Trustee, SOG Liquidation Trust Title				
	Debtor's Address and Phone Number: c/o AMJ Advisors LLC 999 Central Ave, Ste 208 Woodmere, New York 11598 Tel. 516-791-1100			and Ph Pachulsk 780 Thir	ey's Address one Number: ti Stang Ziehl & Jones LLP td Avenue rk, New York 10017-2024

Note: The original Monthly Operating Report is to be filed with the Court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

MONTHLY OPERATING REPORT -POST CONFIRMATION

QU	UESTIONNAIRE		
		YES*	NO
1.	Have any assets been sold or transferred outside the normal course of business, or outside the Plan of Reorganization during this reporting period?		X
2.	Are any post-confirmation sales or payroll taxes past due?		X
3.	Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent? Professional fees & expenses owed to Pachulski Stang Ziehl & Jones LLP and the Trustee are not current.	X	
4.	Is the Debtor current on all post-confirmation plan payments?	NA	

^{*}If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION					
		YES	NO*		
1.	Are real and personal property, vehicle/auto, general liability, fire, theft, worker's	X			
	compensation, and other necessary insurance coverages in effect?				
2.	Are all premium payments current?	X			

^{*}If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE							
	TYPE of POLICY	and	CARRIER		Period of Coverage	Payment Amount and Frequency	Delinquency Amount
Surety			Hartford Fire Ins Co		2/8/16-2/8/17	\$3,250 annual	NA
Art Insurance			AXA Insurance		4/14/16-11/2/16	\$3,132 annual	NA

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:					
Estimated Date of Filing the Application for Final Decree:	Final Decree Entered 2/7/17				

MONTHLY OPERATING REPORT - POST CONFIRMATION

ATTACHMENT NO. 2

CHAPTER 11 POST-CONFIRMATION SCHEDULE OF RECEIPTS AND DISBURSEMENTS

Case Name: Salander-O'Reilly Galleries LLC

Case Number: 07-30005 (CGM)

Date of Plan Confirmation: 1/20/2010

All items must be answered. Any which do not apply should be answered "none" or "N/A".

			Monthly	Post Confirmation Total
1.	CASH (Beginning of	Period) \$	813,120.00	
2.	INCOME or RECEI	PTS during the Period \$	103,353.00	\$ 6,385,010.81
3.	DISBURSEMENTS a. Operating Expense			
	(i) U.S. Trustee (iii) Federal Taxes (iii) State Taxes	Quarterly Fees \$s	975.00	\$ 39,650.00
	(iv) Other Taxes			458.97
	b. All Other Operation	g Expenses:	8,435.00	\$ 4,680,651.39
	c. Plan Payments:*			
	(i) Priority tax cl (ii) Administrativ (iii) Unsecured cla (iv) (v)	re Claims		\$ 757,187.45
	` '	onal pages as needed) (Operating & Plan)	9,410.00	\$ 5,477,947.81
1.	CASH (End of Period	(1)	907,063.00	\$ 907,063.00

^{*} This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

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MONTHLY OPERATING REPORT - POST CONFIRMATION

ATTACHMENT NO. 3

CHAPTER 11 POST-CONFIRMATION BANK ACCOUNT RECONCILIATIONS

Bank Account Information	Account #1		Account #3	Account #4
Name of Bank:	Rabobank, N.A.	Rabobank, N.A.		
Account Number:	5002209665	5002209666		
Purpose of Account (Operating/Payroll/Tax)	Collection	Disbusement		
Type of Account (e.g. checking)	Checking	Checking		
Balance per Bank Statement	369,721.79	545,776.21		
2. ADD: Deposits not credited				
3. SUBTRACT: Outstanding Checks		8,435.00		
4. Other Reconciling Items				
5. Month End Balance (Must Agree with Books)	369,721.79	537,341.21		

Note: Attach copy of each bank statement and bank reconciliation.

Investment Account Information				
		0 1		Current
Bank / Account Name / Number NA	Purchase	Instrument	Price	Value
1771				

Note: Attach copy of each investment account statement.



Period Covered: January 01, 2017 - January 31, 2017 Page 1 of 4

Case Number: Case Name: Trustee Number: Trustee Name: 07-30005 CGM SOG LIQUIDATION TRUST 0000521440 Alan M. Jacobs

Alan M. Jacobs 999 Central Avenue Suite 208 Woodmere NY 11598

Consolidated Balance Summary								
Account	Number	Maturity Date	Ending Balance Prior Period	Ending Balance This Period				
Checking Account								
TRUSTEE CHECKING	5002209665		\$369,721.79	\$369,721.79				
TRUSTEE CHECKING	5002209666		\$453,398.21	\$545,776.21				
Total			\$823,120.00	\$915,498.00				

Notable Information For You...

Reminder: Make sure to include the deposit slip printed with the MICR line (Account/Routing number) with your check deposits. On a multi-copy deposit slip, the top copy is printed with the MICR line and should be provided with the deposits. The duplicate copies will omit the MICR line or have a 'Duplicate' watermark. These copies should be retained for your records. Deposit slips received without the MICR line must be processed manually, which will cause a delay in processing and the omission of the "Processed By" date in your BMS software.

07₋30005-cgm Doc 1449 Filed 03/10/17 Entered 03/10/17 11:54:27 Main Document Pg 6 of 9 Account Number:

Rabobank, N.A. P.O. Box 6010 **Rabobank** Santa Maria, CA 93456

Period Covered: January 01, 2017 - January 31, 2017 Page 2 of 4

Case Number: Case Name: Trustee Number: Trustee Name:

07-30005 CGM SOG LIQUIDATION TRUST 0000521440 Alan M. Jacobs

5002209665

Alan M. Jacobs 999 Central Avenue Suite 208 Woodmere NY 11598

> **Questions** (800) 634-7734, ext. 8 bmsbankingcenter@bms7.com www.bmsadvantage.com

Trustee Checking

Account number Avg collected balance 5002209665 \$369,721.00

Beginning balance Total additions Total subtractions **Ending balance**

\$369,721.79 \$0.00 \$0.00 \$369,721.79

^{**}No activity this statement period**

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Account Number:

5002209666

Rabobank, N.A.
P.O. Box 6010
Santa Maria, CA 93456

DAILY BALANCES

Amount

453,398.21

556,610.21

Date

12-31

01-09

Period Covered: January 01, 2017 - January 31, 2017 Page 3 of 4

Case Number: Case Name: Trustee Number: Trustee Name: 07-30005 CGM SOG LIQUIDATION TRUST 0000521440 Alan M. Jacobs

Alan M. Jacobs 999 Central Avenue Suite 208 Woodmere NY 11598

Account Enclosu	tee Checking t number tres lected balance	5002209666 4 \$525,820.00	Beginning balance Total additions Total subtractions Ending balance	,	\$453,398.21 \$103,353.00 \$10,975.00 \$545,776.21
CHECK	KS				
Number	Date	Amount	Number	Date	Amount
20296	01-30	10,000.00	20297	01-26	975.00
CREDI	TS				
Date	Description				Additions
01-09	DEPOSIT 100054				103,212.00
01-27	DEPOSIT 100055				141.00

Amount

555,635.21

555,776.21

Date

01-30

Amount

545,776.21

Date

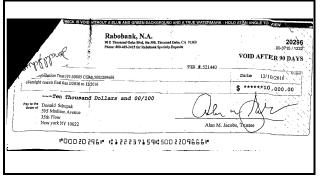
01-26

01-27

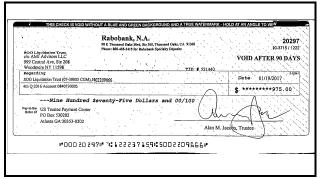
Account Number: Statement Date: 5002209666 January 31, 2017

Page:

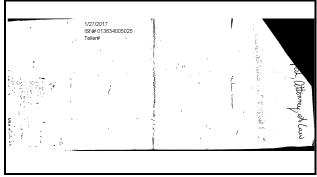
4 of 4



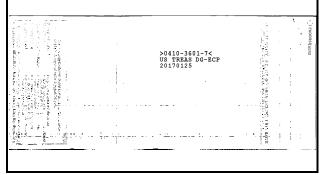
01/30/2017 20296 \$10,000.00



01/26/2017 20297 \$975.00



01/30/2017 20296 \$10,000.00



01/26/2017 20297 \$975.00

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MONTHLY OPERATING REPORT - POST CONFIRMATION

ATTACHMENT NO. 4

CHAPTER 11 POST-CONFIRMATION

CASH/DEBIT/CHECK DISBURSEMENTS DETAILS

Name of Bank	Bank of New York Mellon
Account Number	92000199230665 & 6
Purpose of Account (Operating/Payroll/Personal)	Disbursement
Type of Account (e.g., Checking)	Checking

	Date of			
Number	Transaction	Payee	Purpose or Description	Amount
20297	1/19/2017	US Trustee Payment Center	4th Q 2016 Account 0840730005	975.00
20298	1/31/2017	Carol Cherrington Logue	Invoice CCLS119 through 1/30/2017	2,100.00
20299	1/31/2017	Transcon International Inc.	misc charges inv 74585	85.00
20300	2/7/2017	Stair Galleries and Restoration, Inc.	Matthiadotir refund for claimed works	6,250.00
			TOTAL	9,410.00

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

NA NA	